

COUNTYWIDE PROGRAM FOR STUDENTS WHO ARE DEAF/HARD OF HEARING

IEP Meeting Observation Feedback Form

Employee _____

Location _____

Date _____

Time _____

Check the letter of each criterion to be addressed.

1. Knowledge of content and instructional planning

- ☐ A. Demonstrates knowledge of content and instructional practices/methods
- ☐ B. Demonstrates knowledge of students
- ☐ C. Selects instructional goals and objectives based on District curriculum and student data
- ☐ D. Demonstrates knowledge of resources
- ☐ E. Integrates current and emerging digital tools into the learning environment
- ☐ F. Designs coherent instruction
- ☐ G. Assesses student learning
- ☐ H. Demonstrates knowledge of IEP process

3. Effective instructional practices

- ☐ A. Teaches the board-approved curriculum
- ☐ B. Communicates clearly and accurately
- ☐ C. Uses effective questioning and discussion techniques
- ☐ D. Engages students in learning
- ☐ E. Provides feedback to students
- ☐ F. Demonstrates flexibility and responsiveness
- ☐ G. Students demonstrate improvement on local and state assessments
- ☐ H. Promote and model digital citizenship and responsibility

2. Management of the classroom environment

- ☐ A. Creates an environment of respect and rapport
- ☐ B. Establishes a culture for learning
- ☐ C. Manages classroom procedures
- ☐ D. Manages student behavior
- ☐ E. Organizes physical space

4. Professional responsibility

- ☐ A. Communicates with families
- ☐ B. Contributes to the school and district
- ☐ C. Grows and develops professionally
- ☐ D. Reflects on teaching
- ☐ E. Demonstrates professional behavior
- ☐ F. Follows policies and procedures of the school district
- ☐ G. Develops and maintains IEP documents according to district procedures

**Record below information appropriate to criteria referenced above.
Observation or artifact data may be attached to this form.**

IEP Meeting Observation Student: _____ Start Time: _____ End Time: _____

- ___ space was arranged prior to meeting
- ___ participants were invited in advance
- ___ started meeting on time
- ___ dressed professionally
- ___ casual Friday

- ___ case manager was organized/unorganized
- ___ case manager was confident/unsure of self
- ___ case manager did/did not advocate for student
- ___ case manager used condescending tone/comments

- ___ introduced all participants and their roles
- ___ gen ed teacher present/excused
- ___ excusal form completed prior to meeting
- ___ reviews goals/progress on goals
- ___ specific data reviewed ___ data was ambiguous

- ___ provided parent/guardian Procedural Safeguards
- ___ provided parent/guardian Parent Bill of Rights
- ___ explained purpose of meeting

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- | | |
|--|--|
| <input type="checkbox"/> used language parent/team members understand | <input type="checkbox"/> used person-first language (ex., student with autism) |
| <input type="checkbox"/> reviewed Present Level of Academic & Functional Performance: | <input type="checkbox"/> strengths identified (student/parent/team) |
| <input type="checkbox"/> explained educational disability dx/impact in gen ed curriculum | <input type="checkbox"/> changes since last IEP |
| <input type="checkbox"/> PLAAFP included specific student data | <input type="checkbox"/> MAP/EOC/district assessment data reviewed |
| <input type="checkbox"/> concerns of student/parent/team | |
| <input type="checkbox"/> summarized reeval information | |

- ☐ encouraged/requested input from team members and noted their comments
- ☐ explained special considerations
- ☐ addressed behavior, ESY/explained, assistive tech, transition (middle: NA), etc.
- ☐ developed measurable goals with input from team members

- 1 _____
- 2 _____
- 3 _____

- ☐ service time appropriate/not appropriate for number of goals
- ☐ service time discussed/clearly communicated to team and parents
- ☐ addressed transportation as a related service
- ☐ explained participation page
- ☐ why student will not participate 100% in gen ed setting
- ☐ addressed all sections in meeting
- ☐ identified appropriate accommodations/modifications
- ☐ addressed supports for school personnel
- ☐ reviewed/developed transition goals/action plans ☐ discussed NOA, as appropriate
- ☐ tied up loose ends of the meeting (i.e., explained when parent/guardian will receive IEP)
- ☐ thanked participants for coming, etc.
- ☐ facilitation of IEP meeting: ☐ went well ☐ needs improvement

Comments/Suggestions: _____

Employee's Comments:

Employee's Signature / Date

Supervisor's Signature / Date

(Signatures imply that the content of this document has been discussed. Additional information may be added by the supervisor. The employee may attach a response).

☐ Performance Improvement Plan needed for criteria _____.